

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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50							99						
TOTAL IND.		↓		↓		↓	200		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL IND.		↓		↓		↓
TOTAL CLAIMS		←		←		←	TOTAL DEP.		←		←		←
							TOTAL CLAIMS						